		REQUEST FOI	R INCOM	E TAX	CLEARA	NCE	
REQUESTING DEPARTMENT/DIVISION:			C	CONTACT:		PHONE:	
Type of C	learance:	☐ New ☐ Renewal	(Please submit	30 days p	orior to submitti	ng bid or expiration	on date)
A.	To: City of Detroit Income Tax Division Coleman A. Young Municipal (2 Woodward Avenue, Ste. 512 Detroit, MI 48226		For: Individual or Company Nameer Address				
	Phone: Fax:	(313) 224-3328 or 224-3329 (313) 224-4588	City	-			
			State	_		Zip Code	
			Telephone	_		Fax #	
		ncial Officer/Authorized Contact Perent from above)	erson	Telepho	one #		
Employer Identification or Social Security Number				Fax # Spouse	Social Security	Number	
Nature of	Contract:				RACT AMOUN	VT (if known): Material: \$	
			Co	ontract # ((if known)		
		MUST BE ANSWERED TO E				NY QUESTION N	OT
		Individual C			Partnership		
		QUESTIONS 1,2,3,4. urns with spouse during the last se	ven (7) vears? (If ves inch	ude snouse SSN a	hove) 🗆 Ves	No
·	or claimed as a dependent on some		• /	ado spouso sor a	☐ Yes		
3. Were you employed during the last seven (7) years?						☐ Yes	_ □ No
4. Were you a resident of Detroit during the last seven (7) years?						☐ Yes	☐ No
CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7. 5. Is the company a new business in Detroit? If yes, attach Employer Registration (Form DSS-4).						☐ Yes	□No
6. Will the company have employees working in Detroit?					,,,	☐ Yes	
7. Will the company use sub-contractors or independent contractors in Deta				oit?		☐ Yes	□ No
D.	T J		IE TAX USE O			<u> </u>	
Has the cont	ractor compli	ed with the provisions of the City I	ncome Tax Ordi	nance?			
☐ Yes	□ No	Signature	D	ate		_ Expires	
☐ Yes	□ No	Signature	D	ate		_ Expires	
☐ Yes	□ No	Signature	D	ate		_ Expires	
		To check the status of	f a clearance, ple	ase call (3	13) 224-7266		
	VIS	SIT OUR WEBSITE FOR INFOR	· -			etroit.mi.us	